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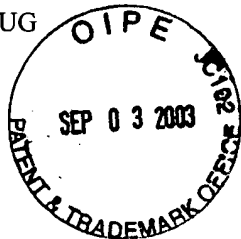
Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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Gordon M. Kessler, Reg. No. 38,511 (Proprietor's name)
 (Signature)
 August 29, 2003 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/902,225	07/10/2001	Michael Conor Minogue		7594

TITLE OF INVENTION: ELECTROTHERAPY DEVICE AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$300	\$950	09/17/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
BOCKELMAN, MARK	3762	607-048000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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(A) NAME OF ASSIGNEE

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BIO-MEDICAL RESEARCH LTD.

GALWAY, IRELAND

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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(Authorized Signature) Gordon M. Kessler (Date) 08/29/03
 GORDON M. KESSLER, REG. NO. 38,511

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